

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**
of
HOMESTEAD CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted March 20-22, 2018

CMA STAFF

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CAP Assessment Distributed on October 19, 2018

CAP Assessment of Homestead Correctional Institution

I. Overview

On March 20-22, 2018, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Homestead Correctional Institution (HOMCI). The survey report was distributed on April 13, 2018. In May 2018, HOMCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the March 2018 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. On September 25, 2018, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an off-site CAP assessment on October 15, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 7 of 7 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>PH-1: In 3 of 5 applicable records (17 reviewed), there was no evidence of a yearly fundoscopic examination for inmates with diabetes.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-2: In 3 of 13 applicable records (14 reviewed), the consultation log was incomplete.</p>	<p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEM</u></p> <p>PH-3: There was no evidence of medication logs.</p>	<p>PH-3 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CARE</u></p> <p>PH-4: In 2 of 6 applicable records (18 reviewed), there was no evidence that consultation or specialty services were completed in a timely manner.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>PILL LINE ADMINISTRATION</u></p> <p>PH-5: Staff administering the medications did not wash their hands prior to beginning the pill line.</p> <p>PH-6: There was no evidence that medical personnel checked the inmate's identification prior to giving the medication.</p>	<p>PH-5 & PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5 & PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiency:</p> <p>PH-7: Procedures to access sick call services and pill line schedules were not posted in the dorms.</p>	<p>PH-7 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-7.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 4 of 4 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-1: In 1 of 3 applicable records (10 reviewed), the guidelines for SHOS management were not observed.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>A comprehensive review of 2 records revealed the following deficiencies:</p> <p>MH-2: In 2 records, the post use of force physical exam was not completed.</p> <p>MH-3: In 2 records, a written referral to mental health by physical health staff was not present.</p> <p>MH-4: In 2 records, the inmate was not seen by mental health staff the next working day to determine if a higher level of care was needed.</p>	<p>MH-2, MH-3, & MH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2, MH-3, & MH-4.</p>

IV. Conclusion

All findings as a result of the March 2018 survey are closed and no further action is required on this CAP. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.